## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number 09/560064

**CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 2) TYPE [ OR SMALL ENTITY (Column 1) **TOTAL CLAIMS** FEE RATE RATE FEE NUMBER EXTRA BASIC FEE 385.00 BASIC FEE 770.00 NUMBER FILED OR FOR TOTAL CHARGEABLE CLAIMS XS 9= X\$18= minus 20= INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT П +290= +145= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 5-4-04 CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-PRESENT NUMBER PEMAINING TIONAL TIONAL RATE RATE AFTER PREVIOUSLY EXTRA AMENOMENT FEE FEE **ROP CIAS** . ::OMEN1 9 XS18= XS 9= Minus Total OR Ξ Independent Minus 7 X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL 1014 อล ADDIT, FEE ADDIT. FEE (Column 3) (Column 2) Column 1 HIGHEST CLAIMS ADD:-ADDI-PRESENT 8 REMAINING NUMBER TIONA. RATE TIONAL RATE AFTER PREVIOUSLY **EXTRA** AMENDMENT FEE FEE PAID FOR AMENDMENT Q XS18= XS 9= Minus Total OR 7 Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= -145= OR TOTAL TOTAL OR ADDIT FEE ADDIT, FEE (Column 2) (Column 3) (Column\_1) HIGHEST CLAIMS ADDI ADDI-PRESENT REMAINING NUMBER O TIONA RATE RATE TIONAL PREVIOUSLY **EXTRA** AFTER AMENDMENT FEE FEE MENDMENT PAID FOR Minus XS18= XS 9= Total OR Minus Independent \*\*\* X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= ÓR If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. TOTAL TOTAL

ADDIT. FEE

ADDIT, FEE

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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FEIIII	ON FO	R EXTENSION OF TIME UNDER 37	Docket Number (Optional)			
		FY 2005		011738.86893		
		effective on or after December 8,	2004)			
Application No. 09/560,064				Filed: April 27, 2000		
or. Pa	niC Insit	ected Therapy Management				
rt Unit:	3782			Examiner: Bockelman		
bbacsto	pra,	nder the provisions of 37 CFR 1.138(a) to ext				
he requ	ested ext	ension and fee are as follows (check time per	lod destred and ente	of the appropriate fee below):		
			Fee	Small Entity Fee		
		One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
		Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
	$\boxtimes$	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$1020	
		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
	Applicant claims small entity status. See 37 CFR 1.27.					
	A check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.					
	The Director has already been authorized to charge fees in this application to a Deposit A. count.					
×	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 19-0733. I have enclosed a duplicate copy of this si eet.					
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I am the applicant/inventor.						
		assignee of record of the entire inte	rest. See 37 CFR	R 3.71		
		Statement under 37 CFR 3.73(b)	) is enclosed. (Fa	rm PTO/SB/96).		
		attorney or agent of record. Registr				
		☑ attorney or agent under 37 CFR 1,3				
		Registration number if acting under		393.		
77	ell.	m 1. allen 51,393		February 24, 2005	i.	
		Signature		Date		
	William J. Allen			312-463-5000 Telephone Number		
	w	Typed or printed name		012-00-000		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain of rotain a bornels by the public which i to file (and by the USPTO is process) on application. Completelity is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to the 6 minutes to complete, including perhapsing, and submining the completed application form to the USPTO. Time with vary depending upon the cultivation completes and the smooth of time you require to complete the form and/or supperforms for reducing this burden, should, be seen to the Chist information Online. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22213-1450. DO NOT SEND FEEB OR CC SPLETED FORMS TO THIS ADDRESS. SEND TO: Committations for Passess, P.O. Box 1450, Alexandria, VA 22213-1450.

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